SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Placking and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

> Permit #: Date:

BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT Bayfield Co. Zoning Dept. APR 1 5 2015 Refund: Amount Paid: 部 の必ぶ

| | _ | × | | | | (plain) | Other: (explain) | Staff 0 | Secretarial Staff |
|---------------------------------------|---|--|---|---------------------|---------------------------|--|----------------------------------|--|---|
| | | × | | | | Conditional Use: (explain) | Condition | ŀ | £ |
| | _ | × | | | | Special Use: (explain) | Special Us | | |
| | | | | | | | | 5 | חפל ע וכי וכי |
| | | × | | | Iteration (specify) | Accessory Building Addition/Alteration (specify) | Accessory | uance [| Doo'd for Issuance |
| | | (X | | | | Accessory Building (specify) | Accessory | | |
| ~ | ~ | × | | 44 | Breezeway | Addition/Alteration (specify) | Addition/ | Ι. | |
| | _ | × | | | te) | Mobile Home (manufactured date) | Mobile H | | |
| | - | (× | & food prep facilities) | □ cooking | ∃ sleeping quarters, o | Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or | Bunkhous | | |
| | _ | × | | | age | with Attached Garage | | Use | Commercial Use |
| | _ | × | | | | with (2 nd) Deck | | | |
| | _ | × | | | | with a Deck | | | |
| |) | (x | | | | with (2 nd) Porch | | | |
| | _ | × | | | | with a Porch | | Jse | Residential Use |
| |) | (x | | | | ¥. | | | |
| |) | (X | | | shack, etc.) | e (i.e. cabin, hunting shack, | Residence | | |
| | _ | × | | | ture on property) | Principal Structure (first structure on property) | Principal : | | |
| Square Footage | sions | Dimensions | | C | Proposed Structure | | | • | Proposed Use |
| - X | Height: | | Width: 8 | | Length: 6 | | | ection: | Proposed Construction: |
| | Height: | | | | Length: | r is relevant to it) | ing applied fo | : (if permit be | Existing Structure: (If permit being applied for is relevant to it) |
| | | | None | | | | | | |
| | | | - 1 | | | Foundation | | Property | |
| | *************************************** | vice contract) | Compost Toilet | □ None | | - 1 | iness on | □ Run a Business on | |
| lon) | mın 200 gal | Vaulted (min 200 gallon) | Privy (Pit) or | 2 | | | existing bldg) | Relocate (existing bldg) | |
| | ie: | Specify Typ | | 3 | | 2-Story | ñ | ☐ Conversion | 2500 |
| O Well | II. | Specify Type: | (New) Sanitary | ×2 | ☐ Year Round | ☐ 1-Story + Loft | Alteration | _∠ Addition/Alteration | ٠ <u>٠</u> |
| ☐ City | | | , A | | | ١,١ | truction | □ New Construction | , |
| | | | | | | | | | material |
| Water | tem V? | What Type of Sewer/Sanitary System Is on the property? | What Ty Sewer/Sanits Is on the p | # of bedrooms | Use | # of Stories and/or basement | ect . | Project | Value at Time of Completion * include donated time & |
| | | | | - | | | | | X Non-Shoreland |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1 | reet | | | · If yescontinue - | Ų. | | | |
| ∑ ∏ Yes | √ □ Yes | · | is from Shorelir | Distance Structure | | \square Is Property/Land within 1000 feet of Lake, Pond or Flowage | y/Land withir | □ Is Propert | □ Siloreland |
| Are Wetlands Present? | Is Property in Floodplain Zone? | ř / | is from Shorelir | Distance Structure | am (incl. Intermittent) | ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes.—continue —▶ | y/Land withir | ☐ Is Propert Creek or Lar | 1 |
| CI | | Fucks | | SOVE K | | | | | |
| age With | <u> </u> | Lot-Siže | · | | Town of: | N. Range W | 0 | Township | Section X |
| | 对抗 | Subdivision: ROBH BAK | Block(s) No. | Lot(s).No. | | Lot Lot(s) CSM | Gov't Lot | 1/4 | 1/4, |
| Fage(s) | Pag | ine CC | 22 | | | (Use Tax Statement) 04- 04- | otion: (Use Ta | Legal Description: | PROJECT LOCATION |
| □ No | □ Yes | 15.50 | 2 27 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 22 | 100 | | | r + e11 | Run AA |
| Written Authorization Attached | Written Attache | /Zip): | Agent Mailing Address (include City/State/Zip): | gent Mailing Ad | - | _ | lication on behalt | (Person Signing Application on behalf of Owner(s)) | Authorized Agent: (F |
| | | | , | - | 31.00- | | 1 Buile | DIAMONA | 7 |
| Plumber Phone: | Plumbe | | - | b | ` | Contr | 1 | | Contractor: |
| olic. | | | たためてひ | | City/State/Zip: | Gw/s | n B | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Address of Property: |
| 734-467 | | 54020 | OSCEOLA WI | | 0 270th ST | 136 | NEY | 7:22 | 500 77 |
| Telephone: | Telepho | | Σįρ: | City/ | Address: | | - 6 | | Owner's Name: |
| OTHER | B.O.A. □ | | LUSE SPECIAL USE | ☐ CONDITIONAL USE | PRIVY | USE SANITARY | - I LAND USE | EQUESTED- | TYPE OF PERMIT REQUESTED |
| | | | | | ANT. | Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. | Inty Zoning Dep I PERMITS HAV | e to: Bayfield Co UCTION UNTIL AL | Checks are made payabl |
| | - | • | Refund: | ming Dept, | Bayfield Co. Zoning Dept. | ire paid. | d until all fees a | nits will be issue | INSTRUCTIONS. No permits will be issued until all fees are paid. |

letter of author Ashand ٤ M 54806

Date

Date

Owner(s):

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES in initiating any accompanying information) has been examined by me (us) and to the best of my four) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) tatal and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which unity relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the virious control inspection.

rs must sign of letter(s) of authorization must accompany this application)

Address to send permit

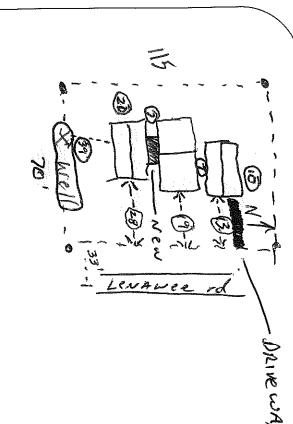
222 are signing on

behalf of the 1873

owner(s) a SI

Authorized Agent: (If there are Multiple

- Show:
- Show:
- Show any (*): Show any (*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| | | | Feet | | Setback to Privy (Portable, Composting) |
|-------------|-------|--|------|-------------|--|
| | | | Feet | | Setback to Drain Field |
| Feet | 2 | Setback to Well | Feet | | Setback to Septic Tank or Holding Tank |
| | | | | | |
| Feet | | Elevation of Floodplain | Feet | 7 | Setback from the East Lot Line |
| No | ∐ Yes | 20% Slope Area on property | Feet | 2 | Setback from the West Lot Line |
| Feet | | Setback from Wetland | Feet | Š | Setback from the South Lot Line |
| | | | Feet | ò | Setback from the North Lot Line |
| Feet | | Setback from the Bank or Bluff | 322 | | |
| Feet | | Setback from the River, Stream, Creek | Feet | 7 2% | Setback from the Established Right-of-Way |
| Feet | | Setback from the Lake (ordinary high-water mark) | Feet | 6 | Setback from the Centerline of Platted Road |
| | | | | | |
| Measurement | Measu | Description | Ä | Measurement | Description |
| | | | | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum re other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W),

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| Rea | # of bedrooms: No | Yyen Case | idavit Required fidavit Attached fidavit Attached coning District also Classification are of Re-Inspec | Tyes No |
|--|--|------------------|--|---------|
| Lot Yes (Descript Record) Ship (Pes (Fused Contiguous Lot(s)) ming (Pes (Fused Contiguous Lot(s))) | Mitigation Required Mitigation Attached Previously Granted I | | | |
| | Previously Granted I | | | |
| Was Parcel Legally Created Was Proposed Building Site Delineated ☐ Yes ☐ No | Were Property Lir | vner eyed | ☐ Yes | □ No |
| hoof to rectaplet 10 ft so | thork to 1 | \mathcal{E} | Zoning District | 743 |
| 4 5 − 25 Inspected by: | If yo they need to be artached.) | Copins Topins | | dion: |
| ने के किया के किया के किया के किया किया के किय | | | | |
| Signature of inspector: | | | Date of Approval: | Val. |
| Hold For Sanitary: Hold Fon TBA: Hold For Affidavit: | lidavit: | Hold For Fees: | | |